PTO/SB/123 (11-08)

Approved for use through 11/30/2011. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

(202) 371-2600

ired to respond to a collection of information unless it displays a valid OMB control number.

December 13, 2005

6,976,178

00/904 912

r atom		05/05/1,012	
Address to:	Filing Date	June 28, 2001	
Mail Stop Post Issue Commissioner for Patents P.O. Box 1450	First Named Inventor	Kevin D. Kissell	
Alexandria, VA 22313-1450	Attorney Docket Number	1778.2820001 (010	3.01US)
	·		
Please change the Correspondence Address for the	above-identified patent t	o:	
X The address associated with Customer Nur	mber	10526	
OR		29526	
Firm or Individual Name			
Address			
	1	- r	
City	State	ZIP	
	State	ZIP	
City	State	ZIP	
City	<b>Email</b> iated with a Customer Nu	mber. To change the data	associated with an
City Country Telephone This form cannot be used to change the data assoc	Email iated with a Customer Numer Number Data Change	mber. To change the data	
City Country Telephone This form cannot be used to change the data assoc existing Customer Number use "Request for Custor This form will not affect any "fee address" provided	Email iated with a Customer Numer Number Data Change	mber. To change the data	
City Country Telephone This form cannot be used to change the data assoc existing Customer Number use "Request for Custor This form will not affect any "fee address" provided Address Indication Form" (PTO/SB/47).	Email iated with a Customer Numer Number Data Change	mber. To change the data	
City Country Telephone This form cannot be used to change the data assoc existing Customer Number use "Request for Custor This form will not affect any "fee address" provided Address Indication Form" (PTO/SB/47). I am the:	Email iated with a Customer Numer Number Data Change for the above-identified pi	mber. To change the data (* (PTO/SB/124). Itent. To change a "fee ad	

Patent Number

Application Number

Issue Date

Under the Paperwork Reduction Act of 1995, no persons a

CHANGE OF

CORRESPONDENCE ADDRESS

Signature Typed or

Printed Name

X \*Total of

Michael B/Ray

forms are submitted.

if more than one signature is required, see below\*.

This collection of Information is required by 37 CFR 13. The Information is required to obtain or retain a benefit by the public which is to 18 cred by the USFD to process) an application. Confidentiality is governed by 35 U.S. 1.22 and 37 CFR 11 and 11.4. This collection is estimated to that 3 minuted to complete, to complete, and the process of th

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms

Telephone